

Southwest Iowa MHDS Region

Mental Health and Disability Services

Management Plan

Annual Service and Budget Plan

FY14/15



ANNUAL SERVICE AND BUDGET PLAN FOR FY14/15

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ANNUAL SERVICE AND BUDGET PLAN FOR FY14/15

Geographical Area: Serving the Counties of Cass, Fremont, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie, and Shelby counties. The Southwest Iowa MHDS Region (SWIA MHDS) was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 331.390.

In compliance with IAC (Iowa Administrative Code) 441-25 the Southwest Iowa MHDS Plan includes three parts: *Annual Service and Budget Plan*, *Annual Report* and *Policies and Procedures manual*. The Annual Service and Budget Plan includes the services to be provided and the cost of those services, local access points, Targeted Case Management agencies, a plan for ensuring effective crisis prevention and a description of the scope of services, projection of need and cost to meet the need, and provider reimbursement provisions.

The Annual Service and Budget Plan is approved by the SWIA MHDS Governing Board and is subject to approval by the Director of Human Services. The Southwest Iowa MHDS Region management plan is available in each local SWIA MHDS office and on the Iowa Department of Human Services Website at <http://dhs.iowa.gov/mhds>. The Region will also have its management documents available on its new website when it is completed during this first year of operation.

The SWIA MHDS is designed to improve health, hope, and successful outcomes for people with mental illness and intellectual disabilities. This plan covers the period from July 1, 2014 through June 30, 2015.

Access Points

An access point is a part of the Southwest Iowa MHDS regional service system that is trained to complete MH/DS regional applications for persons with a disability. SWIA MHDS has designated the following access points.

Access Point	Address	Phone number
Alegent Creighton Health Missouri Valley Psychiatric Associates	704 North 8th Street Missouri Valley, IA 51555	712-642-2045
Alegent Creighton Mercy Hospital	800 Mercy Drive Council Bluffs, IA 51503	712-382-5000
Alegent Creighton Psychiatric Associates	801 Harmony Street, Suite 302 Council Bluffs, IA 51503	712-328-2609
Burgess Mental Health	1600 Diamond Street Onawa, IA 51040	712-423-9160
Cass County Memorial Hospital	1501 E. 10 th St. Atlantic, IA 50022	712-243-3250
Clarinda Mental Health Institute	1800 North 16th Street Clarinda, IA 51632	712-542-2161
Heartland Family Service	515 East Broadway Council Bluffs, IA 51503	712-322-1407
Jennie Edmundson Hospital	933 East Pierce Street Council Bluffs, IA 51501	712-396-6000
Southwest Iowa Mental Health Center	1408 E. 10 th St. Atlantic, IA 50022	712-243-2606
Myrtue Medical Center-Behavioral Services	1303 Garfield Ave Harlan, IA 51537	712-755-5056
Waubonsie Mental Health Center	1800 North 16th Street, Suite 1 Clarinda, IA 51632	712-542-2388
All SWIA MHDS designated Case Management Agencies	See below	

Targeted Case Management

The SWIA MHDS shall offer access to cost effective, evidenced based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g.

Designated Case Management agencies serving SWIA MHDS must be accredited according to the rules of the Department of Human Services. Targeted Case Managers must meet the qualifications as defined in IAC 441.

Targeted Case Management and Service Coordination Services shall meet the following expectations:

- Performance and outcome measures relating to the safety, work performance, and community residency of the individuals receiving the service.
- Standards including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 441-25.21 g, which may include the use of electronic recording keeping and remote or internet based training.

The SWIA MHDS Chief Executive Officer (CEO) and the Coordinators of Disability Services evaluated interested agencies, and made recommendations to the Region Governing Board, who designated Targeted Case Management agencies to offer services to individuals enrolled in the Medicaid Program.

The Southwest Iowa MHDS Region has identified and designated the following providers for case management.

Case Management Provider	Address	Phone number
Pottawattamie County Case Management	515 5 th Ave., Room 113 Council Bluffs, IA 51503	712-328-5645
Shelby/Harrison County Case Management	719 Market St. Harlan, IA 51537	712-755-2843
Rolling Prairie Case Management	105 Coolbaugh St. P.O. Box 469 Red Oak, IA 51566	712-623-6541
Fremont County Community Services	710 Illinois St., P.O. Box 540 Sidney, IA 51652	712-374-3075
Southwest Iowa Case Management	112 E. Main Clarinda, IA 51632	712-542-3584
Southwest Iowa Mental Health Center Case Management	1408 East 10 th St. Atlantic, IA 50022	712-243-2606

- Any other case management programs developed by a county or group of counties in the region as the regional case management provider.

Crisis Planning

A continuum of crisis prevention strategies and services are utilized and will continue to be designed, implemented and enhanced during the first year of operating as a region. In SWIA MHDS crisis prevention begins with community education through Mental Health First Aid (MHFA) training for the general public. Crisis prevention, response, and resolution are also embedded in the treatment and support plans that are prepared by Network Providers, Targeted Case Management, and Service Coordination. When these plans are developed, the goal is to determine an environment and support structure that works for a person to mitigate the triggers that lead to crisis. Pottawattamie County hosts a website for information regarding mental health, substance abuse and many other community services and resources that people can utilize for quick access to information. This will quickly be expanded to the region.

Law enforcement agencies in the region have received education in Crisis Intervention Training (CIT) which is offered at least twice a year in the Omaha, NE/Council Bluffs, IA metropolitan area coordinated by Alegent Creighton Health. Several officers have been trained and it will continue to be promoted to law enforcement agencies throughout the SWIA MHDS Region. Mobile Crisis Response Team is currently offered in Pottawattamie County and will be enhanced and changed to work in the more rural area of SWIA MHDS during the first year of region operation. In order to avoid unnecessary civil commitments of people who are not familiar with services or do not know how to access a more appropriate level of crisis service, pre-commitment assessments are offered in Pottawattamie County and will be expanded to the region as well to help families avoid this hardship. The Collaborative Support Team (CST) will be expanded to the region with a task to create an interagency team to support individuals that have multiple hospitalizations (and possibly multiple incarcerations) for MH/SA issues. The hope is to provide coordination of care with providers with a goal to reduce the frequency of hospitalization and disruption of placement.

The SWIA MHDS plans to implement a Mental Health Court in the fall of 2014. Planning is currently underway for this problem solving court with the goal to coordinate services and direct low-level offenders to appropriate treatment in order to avoid future legal problems and acute hospitalization due to mental health symptoms and behaviors and to gain the supports they need to be successful in their community.

An enhanced crisis stabilization system will be developed following implementation of crisis stabilization rules. Community planning will take place to develop the system and any necessary expenditure for fiscal year 2015 will come from realized savings from outpatient mental health services due to the Iowa Health and Wellness Plan.

The SWIA MHDS will utilize The Mental Health/Substance Abuse Network, which is a non-profit agency in the region working to establish a network of providers for the right care at the right time. Planning over the last few years has resulted in many of the current crisis services available. Collaboration amongst providers is essential to establishing a system of care for mental health crisis services. Neutral facilitation by The Network has opened communications for gaining input from community stakeholders and thoughtfully moving forward as a regional system of care. Input will continually be gathered from the Local and Regional Advisory

Committees as new services are developed. The following chart is a listing of current SWIA MHDS crisis services.

SERVICE	CRISIS FUNCTION	PROVIDER	CONTACT INFORMATION
Mental Health First Aid and Youth Mental Health First Aid	Mental Health training for the community	Pottawattamie County Community Services	712-328-5645
Mental Health First Aid	Mental Health training for the community	Alegent Creighton Behavioral Health Missouri Valley office	712-642-2784
Mental Health First Aid	Mental Health training for the community	Burgess Mental Health Center, Onawa	712-423-9160
24 hour access to crisis response and evaluation	Hospital Emergency Departments and/or behavioral health units	Alegent Creighton Mercy Hospital 800 Mercy Drive Council Bluffs, IA 51501	712-328-5230
24 hour access to crisis response and evaluation	Hospital Emergency Departments and/or behavioral health units	Jennie Edmundson Hospital 933 E. Pierce St. Council Bluffs, IA 51503	712-396-6044
24 hour access to crisis response and evaluation	Hospital Emergency Departments and/or behavioral health units	Cass County Memorial Hospital 1501 E. 10 th St. Atlantic, IA 50022	712-243-3250
24 hour access to crisis response and evaluation	Hospital Emergency Departments	Myrtue Medical Center 1213 Garfield Ave. Harlan, IA 51537	712-755-5161
24 hour access to crisis response and evaluation	Hospital Emergency Departments	Clarinda Regional Health Center 220 Essie Davison Dr. Clarinda, IA 51632	712-542-8330
24 hour access to crisis response and evaluation	Hospital Emergency Departments	Alegent Creighton Health Community Memorial Hospital 631 N. 8 th St Missouri Valley, IA 51555	712-642-2784
24 hour access to crisis response and evaluation	Hospital Emergency Departments	Montgomery County Memorial Hospital 2301 Eastern Ave. Red Oak, IA 51566	712-623-7226
24 hour access to crisis response and evaluation	Hospital Emergency Departments	Shenandoah Medical Center 300 Pershing Ave. Shenandoah, IA 51601	712-246-7400
24 hour access to crisis response and evaluation	Hospital Emergency Departments	George C. Grape Community Hospital 2959 US Hwy 275 Hamburg, IA 51640	712-382-1515
24 hour access to crisis response and evaluation	Hospital Emergency Departments	Burgess Memorial Hospital 1600 Diamond St. Onawa, IA 51040	712-423-2311
24 hour crisis hot line	Telephone crisis information and referral line	Alegent Creighton	402-717-HOPE
24 hour crisis hot line	Telephone crisis information and referral line	Waubonsie Mental Health Center	712-542-2388
24 hour crisis hot line	Telephone crisis information and referral line	Southwest Iowa Mental Health Center	712-243-2606
Crisis Intervention Training - CIT	Training for law enforcement personnel	Alegent Creighton	402-572-2255
Web based information tool	Community tool to locate available resources	SWIA MHDS Region	CountyConnecti on.org
Mobile Crisis Response Team	Mental health support for law enforcement for diversion from hospital and jail	Heartland Family Service Crisis Response Team	Called by law enforcement
Pre-commitment Screening	screening of individuals who families recommend for services in order to avoid civil commitment when appropriate	Heartland Family Service	712-322-1407

Scope of Services & Budget and Financing Provisions

The annual budget and planning process is utilized to identify and implement core disability service improvements. The Southwest Iowa MHDS Region collaborates with stakeholders to assess need and to advocate adequate funding for services and supports in the initial core and additional core service domains. Significant time was given to stakeholders through “input meetings” held in various areas throughout the SWIA MHDS Region. The purpose of these initial regional meetings was to hire a facilitator to lead community planning sessions in three different areas of the newly forming region. The goal was to capture input and feedback of professionals, individuals and their families as the region prepared for its July 1, 2014 launch and to assess projection of need. The entire report is available upon request.

The SWIA MHDS funds services not otherwise provided by insurance and Medicaid programs. By combining regional (pooled county dollars), state and federal dollars, individuals can be empowered to reach their fullest potential by accessing a combination of available supports. SWIA MHDS is responsible for services that are authorized in accordance with the Regional Management Plan and within the constraints of budgeted dollars. Services funded by SWIA MHDS are subject to change, including reduction or termination with the development of the annual budget each fiscal year. The Regional Management Plan Policy & Procedure Manual addresses mandated services access standards.

The Southwest Iowa MHDS Region Chief Executive Officer (CEO) proposed the FY15 budget. On March 3, 2014, the Southwest Iowa MHDS Regional Planning Board of Directors reviewed and adopted the budget. The SWIA MHDS Region CEO is responsible for managing and monitoring the adopted budget.

Annually, the CEO for SWIA MHDS reviews actual expenditures and services provided, stakeholder input and participation, quality assurance implementation findings, waitlist information, progress toward goals and objectives, and, if any, appeal type and resolution to determine if gaps in services or barriers to services exist. In December of each year this review is submitted to the Department of Human Services.

The chart below represents the core services as described in 441-25.1(331) and additional services offered in SWIA MHDS. A description of the service is included as well as the projected funding need for Fiscal Year 2015. When there is a “\$0” projection, this indicates that the region does not expect any expenses in this area since they are covered by other funding sources, however should a need arise in these service domains, funding will be made available for those core services not covered. Access standards in IAC 441-25.3(331) have been considered in the formation of the budget and are based on the projected need in the region. It is felt that access standard will be met based on the number of providers, their locations, historical data and input from stakeholders. SWIA MHDS is the funder of last resort. An individual is expected to utilize all other federal, state, and private insurance coverage before the region will be considered as a funder for any available service. By utilizing all available funding sources, it is the intention of SWIA MHDS to effectively, responsibly and efficiently utilize its resources in order to cover as many individuals as possible and provide a wide range of MH/DS services.

Funding for the disability category of Developmental Disabilities will be provided based on the past provision of services for member counties in the newly formed SWIA MHDS that previously funded individuals in this disability category. Services were provided based on an assessed need that was similar to a person diagnosed with an Intellectual Disability. Therefore, SWIA MHDS will consider a full scale IQ between 70-78, along with significant adaptive functioning needs when considering eligibility for a person with a developmental disability as defined in the SWIA MHDS *Policies and Procedures Manual*.

Core Service Domains	Service Description/Definition <i>Including specific service to be provided by region</i>	Projected Financial Need	Other funding sources
Assessment & Evaluation	The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.	\$0	Medicaid, Insurance
Case Management	Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.	\$0	Medicaid
	<i>Region Care Coordination (Social Work)</i>	211,653	
Crisis Evaluation	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute episode.		Medicaid, Insurance
	<i>Included in inpatient and outpatient treatment below</i>		
Day Habilitation	Services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.		Medicaid
	<i>Day Habilitation</i>	70,400	
	<i>Adult Day Care</i>	7,000	
Family Support	Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support group, and crisis response.	\$0	
Health homes	A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.	\$0	Medicaid
Home & Vehicle Modification	A service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.	\$0	Medicaid
Home Health Aide	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.	1,000	Medicaid
Job Development	Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work setting, shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.	\$0	Medicaid IVRS
Medication Prescribing & Management	Services provided by a licensed professional as authorized by Iowa law including, but not limited to <u>prescribing</u> : determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the	\$0	Medicaid, Insurance

	individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again; <u>management</u> : monitoring effectiveness of and compliance with a medication regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.		
Mental Health Inpatient Treatment	24-hour settings that provide services to treat acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize symptoms, address health and safety needs and develop a comprehensive and appropriate discharge plan.		Medicaid, Insurance
	<i>Mental Health Institute</i>	453,159	
	<i>Involuntary Hospitalization</i>	422,715	
	<i>Diagnostic Evaluation related to commitment</i>	57,351	
Mental Health Outpatient Treatment	Services will consist of evaluation and treatment services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management and individual, family, and group therapy.	1,115,578	Medicaid, Insurance
Peer Support	A program provided by a peer specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.	\$0	Medicaid
Personal Emergency Response System	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.	\$0	Medicaid
Prevocational Services	Services that focus on developing generalized skills that prepares an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following direction, and staying on task.		Medicaid
	<i>Sheltered Work</i>	965,100	
	<i>Work Activity</i>	1,244,613	
Respite	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	13,350	Medicaid
Supported Employment	An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.		Medicaid
	<i>Supported Employment</i>	32,850	
	<i>Enclave</i>	2,150	
Supportive Community Living	Services provided in a non-institutional setting to adult persons with mental illness, intellectual, or developmental disabilities to meet the persons' daily living needs.	212,720	Medicaid
24 hour Access to Crisis Response	Program designed to stabilize an acute crisis episode, which is available 24 hours a day, 365 days a year.	\$0	Medicaid, Insurance
Services Beyond Core (level 2)	Service Description/Definition <i>Including specific service to be provided by region</i>	Projected Financial Need	Other funding sources
Mobile Crisis Response	Crisis evaluation and treatment services provided by a team of mental health professionals deployed into the community.	384,775	Medicaid
Mental Health Court	A problem solving court with the goal to coordinate services and direct low-level offenders to appropriate treatment in order to avoid future legal problems and acute hospitalization due to mental health symptoms and behaviors and to gain the supports they need to be successful in their community.	104,725	
Pre - Commitment Screening	Program that provides assessment of individuals for whom family members are considering filing an application for involuntary civil commitment to determine if another course of treatment is available.	12,500	
Assertive Community Treatment	A program of comprehensive outpatient services provided in the community directed toward the amelioration of symptoms and the rehabilitation of behavioral, functional, and social deficits of individuals with severe and persistent mental		Medicaid

	disorders and individuals with complex symptomatology who require multiple mental health and supportive services to live in the community consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.	85,255	
Peer Drop-in Centers	A place which provides a critical social support function for high-risk hospital users with both organized and informal recreational and social activities where individuals and center peer staff assist each other in solving their social, recreational, housing, transportation, and vocational problems.	30,000	
Crisis Intervention Training	Program that trains law enforcement officers on techniques for intervening with individuals experiencing acute crises.	\$0	Local law enforcement agencies
Other Services	Service Description/Definition <i>Including specific service to be provided by region</i>	Projected Financial Need	Other funding sources
Residential Care Facility	Facilities licensed as residential care facilities, including those with special licenses for individuals with intellectual disabilities or for persons with mental illness.		Medicaid
	<i>RCF</i>	1,457,009	
	<i>RCF-PMI</i>	172,084	
Intermediate Care Facility	Facilities licensed as intermediate care facilities, including those with special licenses for individuals with intellectual disabilities or for persons with mental illness.	73,000	Medicaid
Transportation	Services provided to transport individuals from one place to another.	131,773	Medicaid
Rent Assistance	Rent support provided through an organized program to allow an individual to maintain an affordable home in the community. Not meant to be on-going.	2,500	Section 8, state subsidy
Medication Assistance	Prescription psychiatric medication for person having a mental health diagnosis. Not meant to be on-going.	21,350	Medicaid, Insurance
Civil Commitment	Evaluations, transportation, legal representation, mental health advocates, and other services provided to individuals undergoing civil commitment.	281,981	
Public Education	Activities provided to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society.	23,320	
Payee	Activities provided to manage an individual's finances.	1,200	
Administration	Activities necessary to manage the service system including payroll, travel and office expense.	626,184	
Purchased Administration	Fiscal Agent Fee, Board Insurance and other expenses involved in the administration of the region.	84,755	
TOTAL BUDGET	EXPENDITURES	8,302,050	

Miscellaneous Reimbursements	34,100
State Payment Program	903,999
Equalization Dollars	394,211
Distribution from MHDS Region Members	17,604,992
REVENUES	18,937,302

Financial Forecasting Measures

Historical service utilization is the starting point for all financial projections. During this first year of region budget development, each county forecasted FY15 expenditures based on individual county service utilization over the past two years. Please note that recent changes in the system, including transition to residency as well as the Iowa Health and Wellness Plan implementation, have provided additional challenges to using historic data, therefore some estimating regarding such impacts were necessary.

Throughout the year, Southwest Iowa MHDS Regional staff and stakeholders will identify unmet needs and areas for service development, which are incorporated into subsequent service plans and budgets. SWIA MHDS began having community input meetings in November 2013 in order to assess community priorities, begin planning for development of additional service needs and costs, and forming the ongoing advisory groups which will continually provide input on needs and service strategies for our communities. The region will use this information to effectively and responsibly plan for use of available financial resources.

Beyond the historical information used to develop this budget, the following items were included for expansion of services during FY15. The expenditures of these services were included in the previous chart.

<u>Service</u>	<u>Costs associated with expansion for FY 2015</u>
Mobile Crisis Response	\$260,880 Expansion to 8 additional counties
Mental Health Court	\$104,725 1 FTE Case Managers, incentives for participants, outpatient services
Developmental Disability	\$200,000 Provide services equivalent to that of previously provided county services
CountyConnection.org	\$25,000 Staff time, I.T. costs for expansion to 8 additional counties

The SWIA MHDS Region, if allowed to reinvest Iowa Health and Wellness Plan savings and utilize the starting regional fund balance for new program development instead of ongoing regional expenditures, will work with stakeholders to enhance the system with the development of the following programs which were identified as needs during the Community Input meetings. It is projected that these enhancements would take place over the next two fiscal years. These expenses are not projected in the included budget, however, the fund balance will allow for the addition of such expenditures.

<u>Service</u>	<u>Estimated Costs associated with expansion</u>
Expanded Transportation Hours/Rural areas	\$100,000
Develop Crisis Aversion Keya House model	\$300,000
Twenty-four hour crisis hotline	\$50,000
Expand Mobile Crisis (ongoing costs after first year)	\$200,000

Crisis Residential Services	\$1,000,000
Residential MH/SA Treatment facility	\$1,000,000
Develop EBP: Supported Employment	\$200,000
Develop Outcomes (data & collection)	\$100,000
Person Centered Training (regional staff & providers)	\$50,000
Total cost for Expansion of Services	\$3,000,000

Provider Reimbursement Provisions

The SWIA MHDS will contract with MH/DS providers whose base of operation is in the region. SWIA MHDS may also honor contracts that other regions have with their local providers or may choose to contract with providers outside of the Region. A contract may not be required with providers that provide one-time or as needed services. A fee for service approach will be utilized in most provider contracts outlining the services to be provided and the rate of reimbursement. All payments will be based on a pre-authorized request for service authorization with the exception of court ordered payments, such as civil commitment costs. As described above in Scope of Service and Budget Financing Provisions, SWIA MHDS provides funding by incorporating all available funding and insurance resources in its system of care.

The region may also utilize block grant payments when a service does not fit the traditional methods of payment based on a pre-approved individual service request. Requests for grant funding opportunities may also be offered by SWIA MHDS based on an assessed community need in order to engage providers in Evidence Based Practices.

When a non-traditional provider arrangement is more appropriate than a fee for service approach with a contracted provider, Service Coordinators will work with the region's CEO to request such arrangements. These arrangements will be based on a fee according to the individual's need with written expectations of goals and outcomes for the individual.

Southwest Iowa MHDS Region service contracts require that providers meet all applicable licensure, accreditation or certification standards; however the SWIA MHDS makes serious efforts to stimulate access to more natural supports through use of nontraditional providers in its service provider network. Successful attainment of positive outcomes, consumer and family satisfaction, and cost effectiveness measures are the most important factors in continued network participation. SWIA MHDS has identified its Network Providers in brochures available throughout the regional offices. Reimbursement to providers is described in the *SWIA MHDS Policy and Procedure Manual* "J. Service Provider Payment Provisions".

This Plan was approved by the Southwest Iowa MHDS Region Governing Board on March 31, 2014 and amended to meet requirements for final approval by DHS on June 30, 2014.